15/5/2010

INS. CASE OWNER: CC4/FCI21004071/Ues3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 01/04/2021 Date / Time : 30/03/2021

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 6882B Claim No. :

Name of Insured : SIANG HOCK HOLDING PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 27/03/2021 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SMT 34T → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: SPECIALISTS	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SMT 34T : ~~NA/FCI21004074/h4 ; DOA : 27/03/2021~~
	GBF 6882B :
**	INSURED NON TAXI NO ES / SUBMIT WP

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: CKS

Repair Cost: P/P S$ 10,842.48 (4 days) Reduction: 52 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Cal ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		SURVEY FEE: $350
Loss of Rental (LOR):	S$	(days)	TRANSPORT: $200
Loss of Use (LOU):	S$	($ x days)	PHOTO : $83
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LC ☐		[**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP / WP
Legal Cost	S$		3) Survey fee: ~~$683~~ ~~$633~~
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

580

OSP

9/6/21